



INERT WASTE LANDFILL ANNUAL REPORT

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF WASTE MANAGEMENT

SFN 53326 (02-2006)

Telephone: 701-328-5166

Fax Number: 701-328-5200

Website: www.ndhealth.gov/wm

SECTION 1. NAME AND ADDRESS

Facility Name	County	Permit Number	
Address	City	State	Zip Code

SECTION 2. CALENDAR PERIOD COVERED BY REPORT (use January 1-December 31: reports are due on March 1)

Month From	Month To	Year
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SECTION 3. ANNUAL QUANTITY OF EACH WASTE CATEGORY RECEIVED (use monthly total logs)

Month	Yard Waste	Metal/White Goods	Concrete/Asphalt	Trees/Clean Wood	Tires	Other
JAN						
FEB						
MARCH						
APRIL						
MAY						
JUNE						
JULY						
AUG						
SEPT						
OCT						
NOV						
DEC						
TOTALS						

SECTION 4. WASTE REDUCTION/RECYCLING

Describe Waste Reduction/Recycling Efforts (composting, metal recycling, firewood give-away, wood chipping, concrete/asphalt grindings, etc.)

SECTION 5. NON-COMPLIANCE

Explain any Occurrences of Non-compliance

SECTION 6. CONSTRUCTION OR CLOSURE

List Any Construction and Closure Activities
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SECTION 7. CERTIFICATION STATEMENT

I certify I am familiar with NDAC 33-20-04.1-04.(3) Recordkeeping and Reporting and that the information contained herein, to the best of my knowledge, is true, complete, and accurate.	
Print Name	Title
Signature	Date

_____ Send your completed report to:

North Dakota Department of Health, Environmental Health Section, Division of Waste Management
918 E. Divide Ave., 3rd Floor; Bismarck, ND 58501-1947